

**EXEMPTION REQUEST  
CONTINUING EDUCATION FOR \_\_\_\_\_**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RLS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

BOTH \_\_\_\_\_

PHONE NO. H ( ) \_\_\_\_\_ O ( ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PE # \_\_\_\_\_ RLS # \_\_\_\_\_

YEARS OF EXPERIENCE: PE \_\_\_\_\_ RLS \_\_\_\_\_

BASIS FOR EXEMPTION

OCCUPATION \_\_\_\_\_

AGE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EXPERIENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARE YOU NOW ACTIVE PE \_\_\_\_\_ ACTIVE RLS \_\_\_\_\_

INACTIVE PE \_\_\_\_\_ INACTIVE RLS \_\_\_\_\_

Continuing Education Units Completed Last Year \_\_\_\_\_ P.E. P.D.H.  
\_\_\_\_\_ R.L.S. P.D.H.

TOTAL \_\_\_\_\_ P.D.H.

Surveyors: If you are active, attach 2 separate plats completed since your last Exemption, along with proof of filing.

The information provided on this form is true to the best of my knowledge.

(Seal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Board Use Only

Exemption Approved \_\_\_\_\_

Exemption Denied \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_